

216021987  
100552

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 499	Agency Case No. B6-047233	HIT & RUN? <input checked="" type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1			
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/29/2016		(In Military Time)	STATE USE ONLY	Amended  06/01/2016			
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1204	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
B 75	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N. 24TH- SEWELL TO PARK		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE				
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE				
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION						
NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING				
1.00		X		PARK					
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN								
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN				
E 3	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
VEHICLE NO. 1									
F 1	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N 1	DRIVER	PHONE			LOCAL NO.				
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)				
G 2	OWNER	PHONE			LOCAL NO.				
UNKNOWN									
H 5	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO				
CITATION NO.									
V1/O 5	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE				
V2/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE				
VEHICLE ID NO. (VIN)		YEAR	MAKE	MODEL	BODY STYLE				
1HGES16562L067536		2002	Honda	CIVIC	4 door Sedan				
TOWED TO		TOWED BY			POLICY NO.				
					0000000007689276				
VEHICLE NO. 2									
I 1	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P 8	DRIVER	PHONE			LOCAL NO.				
V2/P 8	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)				
J 01	OWNER	PHONE			LOCAL NO.				
MARGARET E RUNGE		402-261-5933			7-2-46				
K 01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO				
1805 N 67 ST, LINCOLN, NE 68505									
V1/Q 4	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE				
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE				
VEHICLE ID NO. (VIN)		YEAR	MAKE	MODEL	BODY STYLE				
1HGES16562L067536		2002	Honda	CIVIC	4 door Sedan				
TOWED TO		TOWED BY			POLICY NO.				
					0000000007689276				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-047233**



Indicate  
North  
by Arrow

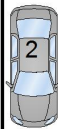
POI-  
UNABLE TO  
DETERMINE-  
INVESTIGATION NOT  
MADE AT SCENE



SEWELL

24TH

PARK



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Owner of V2 reported she was parked at above location between 0830 hours and 1140 hours. When she came out to her vehicle she said that an unknown V1 had collided with the rear driver's side of V2 and then left the scene. It is uncertain what direction V1 was travelling. AGL was 17-24 inches. Ofc checked along Park street on 5-30-16 and did not find any suspect vehicles. No suspects. Blank boxes are unknown as V1 left scene.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2						VEH 1		VEH 2					
1					24										0		0				
2		X			24	POINT OF IMPACT		POINT OF IMPACT	06						Driver No. 1	Driver No. 2	Pedestrian				
1					06 Turning left	MOST DAMAGED AREA		MOST DAMAGED AREA	06	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL LEVEL TESTED		Y	N	Y	N	Y	N
2	10				08 Entering traffic lane					01 02 03 04 05 06 07 08		01 02 03 04 05 06 07 08		BAC LEVEL				ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2
					01 Essentially straight ahead	00 None		01		VEHICLE 2		VEHICLE 2		5		5					
					02 Backing	09 Top & windows		02						1 Neither alcohol nor drugs suspected							
					03 Changing lanes	10 Undercarriage		03						2 Yes - alcohol suspected							
					04 Overtaking/ Passing	11 Total (all areas)		04						3 Yes - drugs suspected							
					05 Turning right	12 Other		05						4 Yes - alcohol & drugs suspected							
					13 Unknown			06						5 Unknown							

OFFICER NO. <b>927</b>	TROOP/ TEAM/ BEAT <b>1</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Bonnie Roberts</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Bonnie Roberts</b>	DATE OF REPORT <b>06/01/2016</b>